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| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | | 1. Contract ID Code Firm-Fixed-Price | | Page 1 Of 3 | |
| 2. Amendment/Modification No. P00010 | | 3. Effective Date 2003OCT20 | | 4. Requisition/Purchase Req No. SEE SCHEDULE | | 5. Project No. (If applicable) | |
| 6. Issued By TACOM-ROCK ISLAND AMSTA-LC-CSC-C BARBARA FOLEY (309)782-2547 ROCK ISLAND IL 61299-7630 EMAIL: FOLEYB@RIA.ARMY.MIL | | Code W52H09 | | 7. Administered By (If other than Item 6) DCMA PHILADELPHIA 700 ROBBINS AVENUE BLDG 4-A PO BOX 11427 PHILADELPHIA PA 19111-0427 | | Code S3915A | |
| | | | | SCD C PAS NONE ADP PT SC1012 | | | |
| 8. Name And Address Of Contractor (No., Street, City, County, State and Zip Code) BESTWORK INDUSTRIES FOR THE BLIND, INC. 801 E. CLEMENTS BRIDGE ROAD RUNNEMEDE, NJ. 08078 TYPE BUSINESS: JWOD Participating Nonprofit Agencies | | | | <input type="checkbox"/> | | 9A. Amendment Of Solicitation No. | |
| | | | | <input type="checkbox"/> | | 9B. Dated (See Item 11) | |
| | | | | <input checked="" type="checkbox"/> | | 10A. Modification Of Contract/Order No. DAAE20-00-F-0056 | |
| | | | | <input type="checkbox"/> | | 10B. Dated (See Item 13) 2000AUG23 | |
| Code 4W361 | | Facility Code | | | | | |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS | | | | | | | |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendments: (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. | | | | | | | |
| 12. Accounting And Appropriation Data (If required) NO CHANGE TO OBLIGATION DATA | | | | | | | |
| 13. THIS ITEM ONLY APPLIES TO MODIFICATIONS OF CONTRACTS/ORDERS | | | | | | | |
| KIND MOD CODE: 7 It Modifies The Contract/Order No. As Described In Item 14. | | | | | | | |
| <input type="checkbox"/> | | A. This Change Order is Issued Pursuant To: The Contract/Order No. In Item 10A. | | | | The Changes Set Forth In Item 14 Are Made In | |
| <input checked="" type="checkbox"/> | | B. The Above Numbered Contract/Order Is Modified To Reflect The Administrative Changes (such as changes in paying office, appropriation data, etc.) Set Forth In Item 14, Pursuant To The Authority of FAR 43.103(b). | | | | | |
| <input type="checkbox"/> | | C. This Supplemental Agreement Is Entered Into Pursuant To Authority Of: | | | | | |
| <input type="checkbox"/> | | D. Other (Specify type of modification and authority) | | | | | |
| E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the Issuing Office. | | | | | | | |
| 14. Description Of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) | | | | | | | |
| SEE SECOND PAGE FOR DESCRIPTION | | | | | | | |

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

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|--|------------------|--|-----------------------------------|
| 15A. Name And Title Of Signer (Type or print) | | 16A. Name And Title Of Contracting Officer (Type or print) JERRY L YOWELL YOWELLJ@RIA.ARMY.MIL (309)782-6736 | |
| 15B. Contractor/Offeror _____ (Signature of person authorized to sign) | 15C. Date Signed | 16B. United States Of America By _____ /SIGNED/ (Signature of Contracting Officer) | 16C. Date Signed 2003OCT20 |

NSN 7540-01-152-8070

PREVIOUS EDITIONS UNUSABLE

30-105-02

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA FAR (48 CFR) 53.243

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|--|---|----------------|-------------|
| CONTINUATION SHEET | Reference No. of Document Being Continued | | Page 2 of 3 |
| | PIIN/SIIN DAAE20-00-F-0056 | MOD/AMD P00010 | |
| Name of Offeror or Contractor: BESTWORK INDUSTRIES FOR THE BLIND, INC. | | | |

SECTION A - SUPPLEMENTAL INFORMATION

ITEM: SLING ADAPTER KIT
NSN: 1005-01-478-0848
P/N: 12956271

1. THE PURPOSE OF THIS MODIFICATION IS TO CORRECT THE FOB ON MODIFICATION P00008, CLIN 0004AB TO READ FOB ORIGIN IN LIEU OF DESTINATION.
2. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

*** END OF NARRATIVE A 011 ***

Name of Offeror or Contractor: BESTWORK INDUSTRIES FOR THE BLIND, INC.

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|------|------------|--------|
| 0004AB | <p>SECTION B - SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE</u></p> <p>1000</p> <p>KT</p> <p>\$ 23.69000</p> <p>\$ 23,690.00</p> <p>NOUN: KIT,CLOSE QUARTERS</p> <p>PRON: M131B014M1 PRON AMD: 02 ACRN: AD</p> <p>AMS CD: 070011HF</p> <p><u>Packaging and Marking</u></p> <p><u>Inspection and Acceptance</u></p> <p>INSPECTION: Origin ACCEPTANCE: Origin</p> | | | | |